2014 STARKE COUNTY SALARY ORDINANCE (2013-1230)

Be it ordained (resolved) by the County Council of Starke County, Indiana, that the following Amended Salary Ordinance, as it appears on the attached Forms 144, by Fund, for the year 2014, was adopted and approved the 30th day of December, 2013 and supersedes the 2014 Salary Ordinance previously adopted on September 16th, 2013.

Adopted this 30th day of December, 2013.	
Dave Pearman, President	Mitch Semans
Bryan Cavender	Freddie Baker
Robert Sims	Maryin McLaughlin
Robert Sims	Mai vin McLadganii
Jony Rolling	FILED DEC 3 (2013
Tony Radkiewicz	
1	Katherine (Miffin . AUDITOR, STARKE COUNTY
Attested by: Latherune M	Miss
*	e County Auditor & Council Secretary
	V

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2014

CLERK_	, STARKE	County, Indiana
(Name of Office, Department, Board or Agency)		
The following statement shows the salaries and wages pro	posed to be paid to officer	s and employees of
the above named office, department, board or agency during	the calendar year	2014 :
FULL TIME SALARIED OFFICE	EDS AND EMPLOYEES	
FULL HIME SALARIED OFFICE	ERS AND EMPLOTEES	Rate of Total
Title of Position		Bi-Weekly Annual
or Employee Classification	<u>Number</u>	Salary Salaries
CLERK	1.00	1,448.1537,652.00
DEPUTY CLERK	4.00	1,078.65 28,045.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
		0.00
Totals	=	2,526.81 \$ 65,697.00
PART TIME AND HOURLY	RATED EMPLOYEES	
	NATES EMILOTEES	
Title of Position <u>or Employee Classification</u>		Rate of Pay*
	•	_
EXTRA HELP	9	.57 Per <u>HR</u>
		Per
		Per
	<u> </u>	Per
		Per
*Show rate of pay per month, week, day, hour, etc.		Per
DEC 2 0 0000	Submitted By:	on to Challe
Date	Stad	(Signifure)
		(Title)

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the 1 ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

AUDITOR	, STARKE	County,	Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wag		• -	es of
the above named office, department, board or agency	during the calendar year _	2014 :	
FULL TIME CALADIED	OFFICERO AND EMPLOYEES		
FULL TIME SALARIED	OFFICERS AND EMPLOYEES	Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	Salary	Salaries
	<u></u>		
AUDITOR	1.00	1,448.15	37,652.00
COMP FOR NIGHT MEETINGS	1.00	79.08	2,056.00
FIRST DEPUTY AUDITOR	1.00	1,148.73	29,867.00
DEPUTY AUDITOR	3.00	1,078.65	28,045.00
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Totals		3,754.62	97,620.00
PART TIME AND HOL	JRLY RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
		Per	
		Per	,
		Per	
*Show rate of pay per month, week, day, hour, etc.			
	7		
DEC. 0.0.0040	Submitted By:	onino Chall	l:
DEC 3 0 2013	Stan	(Signature)	litor
		(Title)	

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
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TREASURER

STARKE

County, Indiana

(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages propose	d to be paid to offic	ers and employee	s of
the above named office, department, board or agency during the	calendar year _	2014 :	
FILL TIME CALADIED OFFICERS	AND FMDI OVERS		
FULL TIME SALARIED OFFICERS	AND EMPLOYEES	Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	Number	Salary	<u>Salaries</u>
TREASURER	1.00	1,448.15	37,652.00
DEPUTY TREASURER	1.00	1,078.65	28,045.00
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	<u> </u>
		0.00	
<u> </u>		0.00	
Totals		2,526.81 \$	65,697.00
PART TIME AND HOURLY RATE	D EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
EXTRA HELP		9.57 Per HR	
		Per	
			
		Per	
*Show rate of pay per month, week, day, hour, etc.	Ψ.		
	1/41		
DEC 3 0 2013	nitted By:	erine Maff	in-
Date	Star	(s/gr]ature)	litor
		(Title)	

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

RECORDER	, <u>STAI</u>	KKE Cour	ity, Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages pr	oposed to be paid to o	fficers and emplo	yees of
the above named office, department, board or agency durin	g the calendar year	2014 :	
FULL TIME SALARIED OFFI	CERS AND EMPLOYED		
		Rate of	Total
Title of Position	Mb	Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
RECORDER	1.	00 1,448.15	37,652.00
DEPUTY RECORDER	1.	00 1,078.65	28,045.00
		0.00	
	-	0.00	
		0.00	
	<u> </u>	0.00	 _
		0.00	
		0.00	
		0.00	
Totals		2,526.81	\$ 65,697.00
			
PART TIME AND HOURLY	RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
EXTRA HELP		9.57 Per	HR
		Per	
· · · · · · · · · · · · · · · · · · ·	-	Per	····
	· · · · · · · · · · · · · · · · · · ·		
	·	Per	<u></u>
*Show rate of pay per month, week, day, hour, etc.			
	,	/"	· _
	Submitted By:	atherine (V	ulline
Date DEC 3 0 2013	St	Calle (Signature)	Hilitor
Notes:		(Title)	
INCHES			

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

SHERIFF	, STARKI	E Coun	ty, Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wage	es proposed to be paid to offic	ers and emplo	yees of
the above named office, department, board or agency d	uring the calendar year	2014 :	
FULL TIME SALARIED O	FFICERS AND EMPLOYEES		
		Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
SHERIFF	1.00	3,923.08	102,000.00
CHIEF DEPUTY	1.00	1,521.46	39,558.00
DETECTIVE	1.00	1,472.27	38,279.00
PATROLMEN	8.00	1,444.75	37,563.50
CHIEF DETECTIVE	1.00	1,521.46	39,558.00
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Totals		9,883.02	\$ <u>256,958.50</u>
PART TIME AND HOU	RLY RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
EXTRA HELP		12.74 Per	HR
		Per	
*Show rate of pay per month, week, day, hour, etc.			
	7	~	
	Submitted By:	herine (1	uffine
Date	Sta	(Signafuje)	Alditor
		(Title)	

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

SURVEYOR	, STARKE	Count	y, Indiana
(Name of Office, Department, Board or Agency)	\		
The following statement shows the salaries and wages pro	posed to be paid to office	ers and emplo	yees of
the above named office, department, board or agency during	the calendar year	2014 :	_
FULL TIME SALARIED OFFIC	ERS AND EMPLOYEES		
		Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
SURVEYOR	1.00	1,399.92	36,398.00
CERTIFIED ACT. REG. DRAIN MILEAGE	1.00	46.15	1,200.00
OFFICE CLERK	1.00	1,078.65	28,045.00
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Totals		2,524.73	\$ 65,643.00
PART TIME AND HOURLY F	RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
EXTRA HELP		9.57 Per	<u>HR</u>
<u> </u>		Per	
		Per	
	,	Per	
		Per	
		Per	
*Show rate of pay per month, week, day, hour, etc.			
Date	Submitted By:	Astrice (A)	uditor
		(Title)	

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

CORONER	STARKE	Count	y, Indiana
(Name of Office, Department, Board or Agency)		····	
The following statement shows the salaries and wages	proposed to be paid to office	ers and employ	ees of
the above named office, department, board or agency dur	ring the calendar year	2014 :	
FULL TIME SALARIED OF	FICEDS AND EMPLOYEES		
FOLL TIME SALARIED OF	FICERS AND EMPLOTEES	Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	Salary	<u>Salaries</u>
CORONER	1.00	284.04	7,385.00
CHIEF DEPUTY	1.00	59.96	1,559.00
OFFICE CLERK	1.00	53.85	1,400.00
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	113.70
Totals		397.85	\$ 10,344.00
PART TIME AND HOURL	Y RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
		Per	
		Per Per	
*Show rate of pay per month, week, day, hour, etc.			
	<i></i>	/ .	A.L.
DEC 3 0 2013	Submitted By:	rine (Ma	ffine
Date	Stac	(Title)	tuditor

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
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- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

PROSECUTING ATTORNEY	,STAR	KE Coun	ty, Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages pro the above named office, department, board or agency during		ficers and emplo 2014:	yees of
		-	
FULL TIME SALARIED OFFIC	ERS AND EMPLOYEE		
		Rate of	Total
Title of Position	Nli	Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
DEPUTY PROSECUTOR	1.0	0 633.85	16,480.00
CLERK	1.0	0 934.96	24,309.00
CHIEF DEPUTY	1.0	0 213.50	5,551.00
2ND CLERICAL ASSISTANT	1.0	0 1,078.65	28,045.00
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Totals		2,860.96	\$ 74,385.00
PART TIME AND HOURLY F	PATEN EMDI OVEES		
	CATED LIMITEOTEES		
Title of Position or Employee Classification		Rate of Pay*	
		Per	
*Show rate of pay per month, week, day, hour, etc.			
		<u>/</u> `	
0.50 0.0010	Submitted By:	erine (Maf	fine
Date DEC 3 0 2013	Sto	(Signature)	Huditor
		(Title)	

<u>Notes:</u>

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

,STARKE	County,	Indiana
sed to be paid to offic	ers and employe	es of
he calendar year	2014 :	
	<u> </u>	
RS AND EMPLOYEES		
	Rate of	Total
	Bi-Weekly	Annual
<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
1.00	745.54	19,384.00
2.00	1,078.65	28,045.00
	0.00	
	0.00	
	0.00	
	0.00	
	0.00	
	0.00	
	0.00	
	0.00	
	1,824.19	47,429.00
TED EMPLOYEES		
	Rate of Pay	
	Per	
	Per	
	Per	
	Per	
	Per	
	Per	
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1 the	min (Mall	•
ubmitted By:	(Signatus)	riditor
	(Title)	763101
	osed to be paid to office he calendar year RS AND EMPLOYEES Number	State of Pay* State of Pay* Per Pe

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
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PRETRIAL DIVERSION FUND	,STARKE	County,	Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages the above named office, department, board or agency du		ers and employe 2014 :	es of
FULL TIME SALARIED OF	FICERS AND EMPLOYEES		
 		Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	Salary	<u>Salaries</u>
CLERK	1.00	230.77	6,000.0
DEPUTY PROSECUTOR	1.00	360.85	9,382.0
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Totals		<u>591.62</u> \$	15,382.00
PART TIME AND HOUR	LY RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
		Per	
		Per	
		Per	···
		Per	
		Per	
		Per	<u>_</u>
*Show rate of pay per month, week, day, hour, etc.	7		
	Kath	mino (Marol) <u>.</u>
DEC 3 0 2013	Submitted By:	(Signature)	111.
Date	_Ota	(Title)	dito_

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E.M.A./E.M.S.	,STAR	KE	_ Coun	ty, Indiana
(Name of Office, Department, Board or Agency)			_	
The following statement shows the salaries and wages	proposed to be paid to of	ficers a	nd emplo	yees of
the above named office, department, board or agency du	· •		4 :	
FULL TIME SALARIED OF	FICERS AND EMPLOYEES	S		
		_	ate of	Total
Title of Position			Weekly	Annual
or Employee Classification	Number		alary	<u>Salaries</u>
				,
E.M.S. DIRECTOR	1.00	0	2,010.42	52,271.00
E.M.A. DIRECTOR		<u> </u>	1,367.46	35,554.00
ASSISTANT DIRECTOR	1.00	n	1,226.58	31,891.00
Accidental Billion (Children)		<u> </u>	.,	
CLERK	1.00	<u> </u>	1,078.65	28,045.00
SENIOR PARAMEDIC	1.00	3	1,722.73	44,791.00
	······································			
MEDICAL ADVISOR	1.00	<u> </u>	237.69	6,180.00
			0.00	
			0.00	<u> </u>
			0.00	
			0.00	
		<u></u>	0.00	
Totals			7,643.54	\$ <u>198,732.00</u>
PART TIME AND HOUR	LY RATED EMPLOYEES			
Title of Position				
or Employee Classification		Rat	e of Pay*	
PART TIME PARAMEDIC		15.68	Per	HR
				 _
PART TIME STAFF EMT		10.69	Per	HR
EXTRA HELP		9.57	Per	HR
CILL TIME BARANCRIC		45.60	Da.	un
FULL TIME PARAMEDIC		15.68	Per	HR
FULL TIME STAFF EMT		10.91	Per	HR
			Per	
*Show rate of pay per month, week, day, hour, etc.				···
onon rate of pay por month, week, day, flour, etc.	'',			
			7	<u></u>
	Submitted But Kat	herin	e (M	fline
DEC 3 0 2013	Submitted By:	il i	Signature)	10
Date		ade	الله الله	Huditor
			(Title)	
Notes:				

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- The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

PURDUE EXTENSION AGENT	, STARI	KE Coun	ty, Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages the above named office, department, board or agency dur		icers and emplo	yees of
FULL TIME SALARIED OF	FICERS AND EMPLOYEES	2	
		Rate of	Total
Title of Position		Bl-Weekly	Annual
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
CLERK	1.00	1,078.65	28,045.00
		0.00	
		0.00	
		0.00	<u> </u>
		0.00	
		0.00	
		0.00	
		0.00	<u> </u>
		0.00	
Takala			# 29.04F.00
Totals		1,078.65	\$ <u>28,045.00</u>
PART TIME AND HOURL	Y RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
CLERICAL ASSISTANT		9.57 Per	HR
		Per	
	-	Per	
		Per	
		Per	
		Per	
Show rate of pay per month, week, day, hour, etc.	۾ •	colg · i	
DEC 3 0 2013	Submitted By:	therine a	allin
Date	Sto	arle (Signature) F	Uditor
		(Title)	

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PLANNING COMMISSION	, STARKE	Count	y, Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages pro	pposed to be paid to office	ers and employ	yees of
the above named office, department, board or agency during	g the calendar year	2014 :	
FULL TIME SALARIED OFFICE	ERS AND EMPLOYEES		<u> </u>
		Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
PLANNING COMMISSION ADMINISTRATOR	1.00	1,367.46	35,554.00
CLERK	1.00	1,078.65	28,045.00
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	-
		0.00	
		0.00	
		0.00	
Totals		2,446.12	\$ 63,599.00
PART TIME AND HOURLY I	RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
EXTRA HELP		9.57 Per	HR
		Per	
		Per	
		Per	
		Per	 -
*Show rate of pay per month, week, day, hour, etc.		Per	
•	,		
DEC 3 0 2013 Date	Submitted By:	erine (M Le (Gignature) AL	offine ditor
Notes			

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VETERAN SERVICE OFFICER	,STARKI	E County,	Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages the above named office, department, board or agency du		cers and employe	es of
FULL TIME SALARIED OF	FFICERS AND EMPLOYEES	<u> </u>	
		Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
VETERANS SERVICE OFFICER	1.00	514.92	13,388.0
~ · · · · · · · · · · · · · · · · · · ·		0.00	
<u> </u>		0.00	
		0.00	
		0.00	
		0.00	
 		0.00	
		0.00	
		0.00	
		0.00	
Totals		514.92	13,388.0
PART TIME AND HOUR	RLY RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
		Per	
		Per	<u> </u>
		Per	
Show rate of pay per month, week, day, hour, etc.			
DEC 3 0 2013	Submitted By:	erine (Mal)	line
Date	Star	16 CO AU	litor
		(Title)	

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

COMMISSIONERS	, <u>_s</u> tark	E County,	Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages	proposed to be paid to offi	cers and employe	es of
the above named office, department, board or agency du	iring the calendar year	2014 :	
FULL TIME SALARIED OF	FICERS AND EMPLOYEES		
		Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
COMMISSIONERS	3.00	705.18	18,334.67
		0.00	_
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Totals		705.18	18,334.67
			
PART TIME AND HOUR	LY RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
		Per	<u>_</u>
Show rate of pay per month, week, day, hour, etc.			
	,		
DEC 3 0 2013	Submitted By:	Dr. in Chall	l.
		(Sign) ture)	[:]
Date	<u>Ora</u>	The COTU	ditor
		(1100)	

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
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COURTHOUSE JANITOR	,ST	ARKE	County, I	ndiana
(Name of Office, Department, Board or Agency)				
The following statement shows the salaries and wa the above named office, department, board or agency		officers at 201	-	es of
FULL TIME SALARIED	OFFICERS AND EMPLOY	<u>EES</u>		
		R	ate of	Total
Title of Position			Weekly	Annual
or Employee Classification	<u>Numb</u>	<u>er</u> S	Balary	<u>Salaries</u>
JANITOR		1.00	<u>1,413.77</u>	36,758.00
			0.00	· · · · · · · · · · · · · · · · · · ·
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
		 	0.00	
			0.00	
Totals			0.00 1,413.77 \$	36,758.00
Totals			1,413.77 4	30,7 30.00
PART TIME AND HO	URLY RATED EMPLOYEE	<u>s</u>		
Title of Position				
or Employee Classification		Rat	e of Pay*	
			Per	
· · · · · · · · · · · · · · · · · · ·			Per	
*Show rate of pay per month, week, day, hour, etc.			Per	_
The second secon		্যুৰ		
DEC 3 0 2013	Submitted By:	ather	Aprilature) Maf	fine
	<u>O</u> I	cirko.	(Title)	witor_

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

JAIL	,sı	TARKE	County	y, Indiana
(Name of Office, Department, Board or Agency)				
The following statement shows the salaries and wages pro	posed to be paid to	officers a	nd employ	rees of
the above named office, department, board or agency during	-	201	=	
			<u>—</u>	·
FULL TIME SALARIED OFFIC	ERS AND EMPLOY			
			ate of	Total
Title of Position			Weekly	Annual
or Employee Classification	<u>Numb</u>	<u>per</u>	Salary	<u>Salaries</u>
JAIL COMMANDER		1.00	1,324.77	34,444 .00
JAILERS		5.00	1,306.31	33,964.00
OFFICE MANAGER/ASSISTANCE MATRON		1.00	1,324.77	34,444.00
			0.00	
			0.00	
			0.00	
		·	0.00	
			0.00	
			0.00	
			0.00	
Totals		-	3,955.85	\$ <u>102,852.</u> 00
PART TIME AND HOURLY	RATED EMPLOYEE	<u>:s</u>		
Title of Position				
or Employee Classification		<u>Ra</u>	te of Pay*	
EXTRA HELP		11.48	PerI	<u> </u>
			Per	
*Show rate of pay per month, week, day, hour, etc.		79		
DEC 3 0 2013	Submitted By:	Mer	(Signature)	effine.
Date	$\overline{\mathcal{D}}$	tacle	(Title)	1917
N. A			(,)	

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the 1
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

ANNEY IANITOD

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2014

ANNEX JANITOR	,STARKI	E County, Indi	ana
(Name of Office, Department, Board or Agency)	" "	-	
The following statement shows the salaries and wage	es proposed to be paid to offic	ers and employees o	of
the above named office, department, board or agency of	luring the calendar year	2014 :	
FULL TIME CALABIED	AFFICEDS AND EMPLOYEES		
FULL TIME SALARIED C	OFFICERS AND EMPLOYEES	Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>		<u>Salaries</u>
JANITOR	4.00	4 442 77	36,758.00
JANITOR	1.00	1,413.77	30,730.00
		0.00	<u> </u>
		0.00	<u> </u>
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Totals		1,413.77 \$	36,758.00
PART TIME AND HOU	RLY RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
		Per	_
		Per	
		Per	_
*Show rate of pay per month, week, day, hour, etc.			_
	,		
DEC 3 0 2013	Submitted By:	02:00 /104	
Date	Star	Co. Co Audito	
		(Title)	

<u>Notes:</u>

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor, thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
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CIRCUIT COURT	, STARKI	Count	ty, Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages pro	posed to be paid to office	ers and emplo	yees of
the above named office, department, board or agency during	the calendar year	2014 :	
FULL TIME SALARIED OFFICE	ERS AND EMPLOYEES		
Title of Benisley		Rate of	Total
Title of Position <u>or Employee Classification</u>	Mumbor	Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
COURT REPORTER	1.00	1,273.50	33,111.00
SECRETARY	2.00	1,078.65	28,045.00
CHIEF PROBATION OFFICER	1.00	2,165.23	56,296.00
BAILIFF	1.00	1,273.50	33,111.00
ASSISTANT PROBATION CLERK	1.00	1,078.65	28,045.00
SMALL CLAIMS CLERK	1.00	1,078.65	28,045.00
1ST DEPUTY PROBATION OFFICER	1.00	1,869.96	48,619.00
2ND DEPUTY PROBATION OFFICER	1.00	1,604.92	41,728.00
3RD DEPUTY PROBATION OFFICER	1.00	991.00	25,766.00
COURT/CLERK FLOATER	1.00	1,078.65	28,045.00
Totals		13,492.73	\$ 350,811.00
PART TIME AND HOURLY R	ATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
PART TIME SECURITY	12.00	-14.50 Per	HR
PART TIME CLERK STAFF	9.57-	10.00 Per	HR
		Per	
		Per	
		Per	
		Per	
*Show rate of pay per month, week, day, hour, etc.			
DEC 3 0 2013	Submitted By:	We wisher La	offine
Date	Star	le (0 A)	dHor
Notes:			

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

2100 SUPPLEMENTAL ADULT	TAR	KE Cou	nty, Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages prop	osed to be paid to of	ficers and empl	oyees of
the above named office, department, board or agency during t	he calendar year	2014 :	
FULL TIME SALARIED OFFICE	RS AND EMPLOYEE	<u>s</u>	
		Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	Salary	<u>Salaries</u>
CHIEF PROBATION OFFICER (ADDITIONAL)	1.0	0 304.88	7,927.00
3RD DEPUTY PROBATION OFFICER (ADDITIONAL)	1.0	0 34.23	890.00
		0.00	
		0.00	
	<u> </u>	0.00	<u> </u>
		0.00	
		0.00	
		0.00	
	<u> </u>	0.00	
		0.00	
Totals		339.12	\$ 8,817.00
PART TIME AND HOURLY RA	ATED EMPLOYEES		
Title of Position	TED LINE COTILEO		
or Employee Classification		Rate of Pay	<u>.•</u>
PART TIME CLERICAL	10.	15-10.30 Per	HR
		Per	
*Show rate of pay per month, week, day, hour, etc.			
		, ""	
	Submitted By:	thoring (Miffine
Date DEC 3 0 2013	Sto	(Title)	iditor_
Notes:		(108)	

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

2105 SUPPLEMENTAL JUVENILE	,STAR	KE	_ Count	y, Indiana	à
(Name of Office, Department, Board or Agency)					
The following statement shows the salaries and wages prop	osed to be paid to of	ficers and	d employ	ees of	
the above named office, department, board or agency during t	he calendar year	2014	<u>_</u> :		
					
FULL TIME SALARIED OFFICE	RS AND EMPLOYEE	_		_	
-			te of		otal
Title of Position	NI 1		/eekly		nnual
or Employee Classification	<u>Number</u>	<u>38</u>	lary	<u>3a</u>	<u>laries</u>
ADDITIONAL 1ST DEPUTY PROBATION OFFICER (ADDITIONAL)	1.0	<u> </u>	212.58		5,527.00
		.	0,00		
			0.00		
			0.00		
			0.00		
		<u> </u>	0.00		
			0.00		
			0.00	_ 	
			0.00		
		-	0.00		
Totals		-	212.58	\$	5,527.00
PART TIME AND HOURLY RA	ATED EMPLOYEES				
Title of Position					
or Employee Classification		Rate	of Pay*		
or Employee orasomeation		<u>IVato</u>	OI LUY		
PART TIME PROBATION ASSISTANT		15-10.30	Per	HR	
			Per		
			Per		
· · · · · · · · · · · · · · · · · · ·	<u></u>		Per		
			Per		
			Per		
*Show rate of pay per month, week, day, hour, etc.					
	V	/ +1	1	01.	
	ubmitted By:	MUUM)	gnettere) s	affin	_
Date	<u> </u>	acke	(Title)	udite	Γ

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the 1
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

BOARD OF ZONING APPEALS	,STARKI	County,	Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages	proposed to be paid to office	ers and employe	es of
the above named office, department, board or agency du	ring the calendar year	<u>2014</u> :	
FULL TIME CALADIED OF	EICEDS AND EMPLOYEES		
FULL TIME SALARIED OF	FICERS AND EMPLOYEES	Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	Number	Salary	<u>Salaries</u>
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Totals		0.00	0.00
PART TIME AND HOURI	LY RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
CLERK		9.57 Per <u>H</u>	<u>R</u>
		Per	
*Show rate of pay per month, week, day, hour, etc.			
	./		
DEC 3 0 2013	Submitted By:	write (Myf	fine
Date	<u>Stac</u>	Ke Co Aug	litoc
		(1106)	

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

SOIL AND WATER	, STARKE	County,	Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages pr the above named office, department, board or agency durin	_	ers and employed	es of
FULL TIME SALARIED OFFIC	CERS AND EMPLOYEES	<u> </u>	
POLE TIME SALARIED OFFICE	CERS AND EMPLOTEES	Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	Salary	<u>Salaries</u>
SECRETARY	1.00	1,078.65	28,045.00
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Totals		<u>1,078.65</u> \$	28,045.00
PART TIME AND HOURLY	RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
	<u> </u>	Per	
		Per	<u> </u>
*Show rate of pay per month, week, day, hour, etc.			
BEC 2 0 2012	Submitted By:	somine (Mal	lia.
DEC 3 0 2013 Date	Start	e Co Aud	HOC
		(Title)	

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

COUNTY COUNCIL	, ,,	STARKE	County,	Indiana
(Name of Office, Department, Board or Agency)				
The following statement shows the salaries and was the above named office, department, board or agency			ers and employe 2014 :	es of
		<u> </u>		<u></u>
FULL TIME SALARIED	OFFICERS AND EMP	LOYEES		
- 101			Rate of	Total
Title of Position	,	Manahar	Bi-Weekly	Annual
or Employee Classification	<u>.</u>	Number	<u>S</u> alary	<u>Salaries</u>
OUNCIL MEMBERS		7.00	161.28	4,193.2
			0.00	
				<u></u>
<u> </u>		<u> </u>	0.00	
			0.00	
			0.00	
<u></u>			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
T-1-1-				4.402.2
Totals			<u>161.28</u> \$	4,193.2
PART TIME AND HO	URLY RATED EMPLO	YEES		
Title of Position				
or Employee Classification			Rate of Pay*	
			Per	
			Per	
			Per	
	· · · · · · · · · · · · · · · · · · ·	-	Per	
				
			Per	
			Per	
how rate of pay per month, week, day, hour, etc.				
		X +1.	Land Care	o) -
DEC 3 0 2013	Submitted By: _	NaW O	Prine (My	fine.
ate		Start	e Co A	iditor
			(Title)	

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- 3 The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

I.T. DEPARTMENT	, STARKE	County,	Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages pro the above named office, department, board or agency during		ers and employe 2014 :	es of
FULL TIME SALARIED OFFIC	ERS AND EMPLOYEES		
		Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
DIRECTOR	1.00	1,552.81	40,373.0
ASSISTANT	1.00	1,078.65	28,045.0
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	-
		0.00	·
		0.00	
		0.00	
Totals		<u>2,631.46</u> \$	68,418.0
PART TIME AND HOURLY	RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
		Per	
		Per	
		Per	
		Per	
		Per	
Show rate of pay per month, week, day, hour, etc.		Per	
	,		
DEC 3 0 2013	Submitted By:	orine Maf	fine
Date	Fludi	tac _i Stad	& Co
		₹Title}	

- 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
- The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

HEALTH DEPARTMENT	, STARKE	County,	Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages pro the above named office, department, board or agency during		ers and employe 2014 :	ees of
FULL TIME SALARIED OFFICE	ERS AND EMPLOYEES		
		Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	Salary	<u>Salaries</u>
PUBLIC HEALTH NURSE/OFFICE MANAGER	1.00	1,440.62	37,456.00
CLERK	1.00	1,078.65	28,045.00
SANITARIAN	1.00	1,382.77	35,952.00
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Totals		3,902.04	101,453.00
PART TIME AND HOURLY	RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
		Per	
*Show rate of pay per month, week, day, hour, etc.		Per	 _
enon-read of pay por mortal, moon, day, mour, our.			
DEC 3 0 2013 Date	Submitted By:	horrine (M. (Signature)	ffin
	<u></u>	(Title)	(2) (0)

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- 2 The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
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LHMF/TOBACCO SETTLEMENT	,STARKE	<u> </u>	County,	Indiana
(Name of Office, Department, Board or Agency)				
The following statement shows the salaries and wages pr	oposed to be paid to offic	ers and	l employe	es of
the above named office, department, board or agency durin	g the calendar year	2014	 :	
EUL TIME CALADIED OFFI	CEDE AND EMPLOYEES			
FULL TIME SALARIED OFFIC	ERS AND EMPLOTEES	Ra	te of	Total
Title of Position			eekly	Annual
or Employee Classification	<u>Number</u>		lary	Salaries
S. Empleyes oldsometric			<u></u>	
HEALTH OFFICER	1.00		332.65	8,649.00
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	<u> </u>
			0.00	
			0.00	
			0.00	
Totals			332.65	8,649.00
PART TIME AND HOURLY	RATED EMPLOYEES			
Title of Position				
or Employee Classification		Rate	of Pay*	
PART TIME NURSE		17.53	Per <u>H</u>	R
PART TIME CLERICAL		9.57	Per H	<u>R</u>
		<u> </u>	Per	
			Per	
			Per	
			Per	
*Show rate of pay per month, week, day, hour, etc.				
			,	
DEC 3 0 2013 Date	Submitted By:	erine	gnature)	line
Date	Stan	6 C	<u>3 Hu</u>	3,100
			(Title)	

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
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HIGHWAY ADMINISTRATION	, <u></u> STAI	RKE Count	y, Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages pro the above named office, department, board or agency during		fficers and employ	yees of
FULL TIME SALARIED OFFICE	ERS AND EMPLOYEE	S	
		Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
SUPERINTENDENT	1.	1,730.77	45,000.00
BOOKKEEPER/CLERK	1.	1,078.65	28,045.00
		0.00	
		0.00	,
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Totals		2,809.42	\$ 73,045.00
PART TIME AND HOURLY F	RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
		Per	
		Per	
		Per	
		Per	
		Per	
		Per	
*Show rate of pay per month, week, day, hour, etc.		· •	
	V	+ -	
DEC 3 0 2013 Date	Submitted By:	amerine (M	affine
	<u></u>	(Title)	<u> </u>

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MAINTENANCE & REPAIR	,STARI	KE	_ Coun	ty, Indiana	
(Name of Office, Department, Board or Agency)					
The following statement shows the salaries and was the above named office, department, board or agency			id emplo 4:	yees of	
FULL TIME SALARIED	OFFICERS AND EMPLOYEES	<u> </u>			
	""	R	ate of	Total	
Title of Position		Bi-	Veekly	Annual	l
or Employee Classification	<u>Number</u>	<u>s</u>	alary	<u>Salaries</u>	<u>s</u>
CENEDAL EODEMAN	2.00		1 202 42	35,943	2 00
GENERAL FOREMAN	2.00	<u> </u>	1,382.42	33,543	<u>,.uu</u>
			0.00		
			0.00		
			0.00		
			0.00		
			0.00		
	·		0.00		
		-	0.00		
		<u> </u>	0.00		
			0.00		
Totals			,382.42	\$ <u>35,943</u>	.00
PART TIME AND HOL	JRLY RATED EMPLOYEES				
Title of Position					
or Employee Classification		Rat	e of Pay*		
					
TRUCK DRIVERS (15)		15.89	Per	HR	
PART TIME MOWER (3)		13.70	Per	HR	
			Per		
			Per _		
			Per		
			Per		
*Show rate of pay per month, week, day, hour, etc.					
	,				
DEC 3 0 2013	Submitted By:	(erine	Mu	lline_	
Date	Stru	-V (Stynature)	iditar	_
			(Title)	~~! · · · · ·	_
					=

<u>Notes:</u>

- This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
- The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
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(Name of Office, Department, Board or Agency)	,,	ARKE County	/, indiana
The following statement shows the salaries and was	ges proposed to be paid to	officers and employ	ees of
the above named office, department, board or agency		<u>2014</u> :	
FULL TIME SALARIED	OFFICERS AND EMPLOYE	ES	
		Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Numbe</u>	<u>sr</u> <u>Salary</u>	<u>Salaries</u>
MECHANICS		2.00 1,487.75	38,681.5
		0.00	
		0.00	
		0.00	·
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
Totals		1,487.75	\$ 38,681.50
PART TIME AND HOL	JRLY RATED EMPLOYEES	<u>i</u>	
Title of Position			
or Employee Classification		Rate of Pay*	
		Per	
		Per	
		Per	
		Per	 _
		Per	
		Per	
*Show rate of pay per month, week, day, hour, etc.	,	,	
DEC 3 0 2013	Submitted By:	etherine Chaf	fine
Date	34	ande (Signature)	ditor
		(Title)	

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2015 REASSESSMENT	,STARI	KEC	ounty, Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages proporties above named office, department, board or agency during the	•	icers and en 2014:	ployees of
FULL TIME SALARIED OFFICE	RS AND EMPLOYEES		
		Rate of	Total
Title of Position		Bi-Week	•
or Employee Classification	<u>Number</u>	<u>Salary</u>	<u>Salaries</u>
ASSESSOR	1.00	1,448	.15 37,652.00
DEPUTY/TECHNICAL ADVISORS	2.00	1,078	65 28,045.00
		0	00
		0	.00
		0	00
		0	
		0	00
		· · · · · · · · · · · · · · · · · · ·	00
			00
		-	00
Totals		2,526.	<u>81</u> \$ <u>65,697.</u> 00
PART TIME AND HOURLY RA	TED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of F	<u>'ay*</u>
EXTRA HELP		9.57 Per	HR
		Per	
		Per	
		Per	
	<u> </u>	Per	
		Per	
*Show rate of pay per month, week, day, hour, etc.			
	/ +1.	amin A	Malline
DEC 3 0 2013 S	ubmitted By:	de Co	luditor
Notes:		(Title)	

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- The County Auditor shall complete the reverse side of this form and return one copy to the officer or head of the department, board or agency within 3 days after action thereon by the County Council.

EMERGENCY 911	,STARK	E Count	y, Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wag	es proposed to be paid to offic	cers and employ	yees of
the above named office, department, board or agency	•	2014 :	
			==
EUL TIME SALADIED	OFFICERS AND EMPLOYEES		
FOLE TIME SALAKIED	OFFICERS AND EMPLOTEES	Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	<u>Number</u>	Salary	Salaries
or Employee diagonidation	141111111111111111111111111111111111111	<u> </u>	
CHIEF DISPATCHER	1.00	1,324.77	34,444.00
DISPATCHER	7.00	1,306.31	33,964.00
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
	<u> </u>	0.00	
		0.00	
-		0.00	
Totals		2,631.08	\$ 68,408.00
PART TIME AND HOU	RLY RATED EMPLOYEES		
Title of Position			
or Employee Classification		Rate of Pay*	
of Employee orasomouton		react of f ay	
EXTRA HELP		11.48 Per	HR
		Per	
<u> </u>		Per	
-		Per	
		Per	
		Per	
*Show rate of pay per month, week, day, hour, etc.			
	1/		. 4
DEC 3 0 2013	Submitted By:	terine (M	ffine
DEC 3 0 2013	Ston	(Bignature)	litor
		(Title)	
Noton			

- Notes:

 1 This statement must be filed IN DUPLICATE with the County Auditor on or before July 1 each year for salaries and wages to be paid in the ensuing year.
 - The number and salaries to be paid full time officers and employees must be fixed by the County Council. The rates of pay for part time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefor; thus, the amount to be requested in the budget for part time and hourly employees need not be included in this statement.
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WIC	,STARKE	County	, Indiana
(Name of Office, Department, Board or Agency)			
The following statement shows the salaries and wages propo	sed to be paid to office	s and employe	ees of
the above named office, department, board or agency during the	·	2014 :	
FULL TIME SALARIED OFFICER	S AND EMDI OVEES		
TOLE THE SALAKIED OF TICES	S AND LIMI LOTELS	Rate of	Total
Title of Position		Bi-Weekly	Annual
or Employee Classification	Number	Salary	Salaries
or Employee Glassinguisti	<u> </u>	<u>outury</u>	<u> </u>
RN	1.00	1,252.81	32,573.00
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
-		0.00	
		0.00	
Totals	=	1,252.81	\$ 32,573.00
PART TIME AND HOURLY RA	TED EMPLOYEES		
Title of Bestion			
Title of Position		Data of David	
or Employee Classification		Rate of Pay*	
NURSE COORDINATOR	21	.11 Per <u>H</u>	IR
CLERICAL ASSISTANT	9	.57 Per <u>H</u>	IR
2ND CLERICAL ASSISTANT	9	.57 Per <u>H</u>	R
		Per	
		Per	
		Per	
*Show rate of pay per month, week, day, hour, etc.			
	./	<i>)</i>	
DEC 3 0 2013	ibmitted By: Kathe	rine (May	fine_
Date	Starke	Co Audi	for
		(Title)	— ————————————————————————————————————
Distant.			

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